		According to the information required to be entered on this statement		
In re <u>Harold Alfred Monteau</u> Debtor(s)		(check one box as directed in Part I, III, or VI of this statement):		
		The presumption arises.		
	Debtor(s)	✓ The presumption does not arise.☐ The presumption is temporarily inapplicable		
Case N	umber:	ine presumption is temporarily inapplicable		
	(If known)			
	CHAPTER 7 STATEMENT O	OF CURRENT MONTHLY INCOME		
	AND MEANS-	TEST CALCULATION		
Unless	lition to Schedule I and J, this statement must be comp the exclusion in Line 1C applies, joint debtors may co s, each joint filer must complete a separate statement.			
	Part I. EXCLUSION FOR DISABLED	VETERANS AND NON-CONSUMER DEBTORS		
		n's Declaration in this Part IA, (1) check the box at the beginning of the sumption does not arise" at the top of this statement, and (3) complete the remaining parts of this statement.		
1A	defined in 38 U.S.C. § 3741(1)) whose indebtedness	declare under penalty of perjury that I am a disabled veteran (as occurred primarily during a period in which I was on active duty (as orming a homeland defense activity (as defined in 32 U.S.C. §901(1)).		
1B	If your debts are not primarily consumer debts, check complete any of the remaining parts of this statemen	k the box below and complete the verification in Part VIII. Do not t.		
10	Declaration of non-consumer debts. By check	king this box, I declare that my debts are not primarily consumer debts		
	component of the Armed Forces and members of the § 101(d)(1)) after September 11, 2001, for a period (as defined in 32 U.S.C. § 901(1)) for a period of at time of active duty or homeland defense activity and this temporary exclusion, (1) check the appropriate it Reservists and National Guard Members below, (2) c top of this statement, and (3) complete the verification to complete the balance of this form, but you must c	duty or homeland defense activity. Members of a reserve e National Guard who were called to active duty (as defined in 10 U.S.C of at least 90 days, or who have performed homeland defense activity least 90 days, are excluded from all forms of means testing during the for 540 days thereafter (the "exclusion period"). If you qualify for poxes and complete any required information in the Declaration of heck the box for "The presumption is temporarily inapplicable" at the on in Part VIII. During your exclusion period you are not required omplete the form no later than 14 days after the date on which a motion raising the means test presumption expires in your		
1 C		ard Members. By checking this box and making the appropriate entries clusion from means testing because, as a member of a reserve rd		
	I remain on active duty			
	☐I was released from ac this bankruptcy case was filed;	tive duty on, which is less than 540 days before		
	OR			
	b.	defense activity for a period of at least 90 days /or/ nse activity for a period of at least 90 days, terminating on nan 540 days before this bankruptcy case was filed.		
	, willen is less ti	ian 370 days before this bankruptcy case was filed.		

Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of

N.A.

10	alimony or separate maintenance. Do not include any be Security Act or payments received as a victim of a war crime victim of international or domestic terrorism.									
	a.	\$	1.000.00	7						
	b.	\$	0.00	1						
	Total and enter on Line 10			\$	0.00	\$ N.A.				
11	Subtotal of Current Monthly Income for § 707(b)(7). Column A, and, if Column B is completed, add Lines 3 through total(s).			\$	0.00	\$ N.A.				
12	Total Current Monthly Income for § 707(b)(7). If Colur Line 11, Column A to Line 11, Column B, and enter the total. completed, enter the amount from Line 11, Column A.			\$		0.00				
N. 11111 11111	Part III. APPLICATION OF	707(b)(7)	EXCLUSI	ON						
13	Annualized Current Monthly Income for § 707(b)(7). Monumber 12 and enter the result.	ultiply the amoun	t from Line 12	2 by the	\$	0.00				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: Montana b. Enter debtor's household size: <a 1="" 13="" amount="" and="" at="" box="" href="https://doi.org/10/10/10/10/10/10/10/10/10/10/10/10/10/</th><th>40,122.00</th></tr><tr><th>15</th><th>Application of Section 707(b)(7). Check the applicable by The amount on Line 13 is less than or equal to the not arise" is="" line="" more="" of="" of<="" on="" page="" statement,="" th="" than="" the="" this="" top=""><th>e amount on Lin d complete Part \</th><th>e 14. Check t /III; do not co</th><th>mplete</th><th>Parts IV,</th><th>V, VI or VII.</th>					e amount on Lin d complete Part \	e 14. Check t /III; do not co	mplete	Parts IV,	V, VI or VII.
	Complete Parts IV, V, VI and VII of this state	ement only if I	equired. (S	ee Lin	e 15).	·				
	Part IV. CALCULATION OF CURRENT M	ONTHLY IN	COME FO	R § 7	07(b)(2)				
16	Enter the amount from Line 12.				\$	N.A.				
17	listed in Line 11, Column B that was NOT paid on a regular ba debtor or the debtor's dependents. Specify in the lines below income (such as payment of the spouse's tax liability or the specific or the debtor's dependents) and the amount of income	ital adjustment . If you checked the box at Line 2.c, enter on Line 17 the total of any income d in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the cor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B me (such as payment of the spouse's tax liability or the spouse's support of persons other than the cor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.								
	a.	\$		······································						
	b.	\$		······································						
	c.	\$								
	Total and enter on Line 17.					N.A.				
18	Current monthly income for § 707(b)(2). Subtract Line 1	7 from Line 16 ar	nd enter the re	esult.	\$	N.A.				
	Part V. CALCULATION OF DED	UCTIONS F	ROM INC	OME						
	Subpart A: Deductions under Standards o	f the Intern	al Davan	IIO SO	aga garay	TDC				
1996年,第二年		i file Tiifeil	ai Keveii	ue se	rvice	TKO				

information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)

	per of vehicles for which you claim an ownership/lease expense. (Yourship/lease expense for more than two vehicles.)				
Enter Trans b the	1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line to the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42;				
I	subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ N.A.				
b.	Average Monthly Payment for any debts secured by Vehicle 1,	4			
c.	as stated in Line 42 Net ownership/lease expense for Vehicle 1	N.A. Subtract Line b from Line a.	5	N.A	
only i Enter (avai	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of				
	Average Monthly Payments for any debts secured by Vehicle 2, as s Line a and enter the result in Line 24. Do not enter an amount			:	
а.	IRS Transportation Standards, Ownership Costs	\$ N.A.			
b.	Average Monthly Payment for any debts secured by Vehicle 2 as stated in Line 42	, \$ N.A.			
	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	N.A	
for all	er Necessary Expenses: taxes. Enter the total average month if federal, state and local taxes, other than real estate and sales tax nent taxes, social security taxes, and Medicare taxes. Do not inclu	es, such as income taxes, self em-	\$	N.A	
	er Necessary Expenses: involuntary deductions for em				
aver conti	er Necessary Expenses: involuntary deductions for emage monthly payroll deductions that are required for your employmentations, union dues, and uniform costs. Do not include discretion that you contributions.	nent, such as retirement	\$	N.A	
avera conti volu Othe	age monthly payroll deductions that are required for your employmributions, union dues, and uniform costs. Do not include discretion	nent, such as retirement onary amounts, such as e monthly premiums that you	\$	N.2 N.2	
oth	age monthly payroll deductions that are required for your employmeributions, union dues, and uniform costs. Do not include discretion that y 401(k) contributions. er Necessary Expenses: life insurance. Enter total average ally pay for term life insurance for yourself. Do not include premi	nent, such as retirement onary amounts, such as remonthly premiums that you ums on your dependents, for rethe total monthly amount that by, such as spousal or child			
Other supp	age monthly payroll deductions that are required for your employment ributions, union dues, and uniform costs. Do not include discretionary 401(k) contributions. er Necessary Expenses: life insurance. Enter total average ally pay for term life insurance for yourself. Do not include premiale life or for any other form of insurance. er Necessary Expenses: court-ordered payments. Enter are required to pay pursuant to court order or administrative agence.	rement, such as retirement onary amounts, such as remonthly premiums that you ums on your dependents, for the total monthly amount that by, such as spousal or child ons included in Line 44. for a physically or and that you actually expend for a physically or a physically or	\$	N.2	
Other eduction of the experience of the control of the control of the experience of the control of the experience of the control of the control of the experience of the control of the co	age monthly payroll deductions that are required for your employmentations, union dues, and uniform costs. Do not include discretic intary 401(k) contributions. er Necessary Expenses: life insurance. Enter total average ally pay for term life insurance for yourself. Do not include premiple life or for any other form of insurance. er Necessary Expenses: court-ordered payments. Enter are required to pay pursuant to court order or administrative agency for payments. Do not include payments on past due obligation of the payments. Provided the payments of the payments or neally challenged child. Enter the total average monthly amount attention that is a condition of employment and for education that is retailly challenged dependent child for whom no public education provider Necessary Expenses: childcare. Enter the total average and on childcare—such as baby-sitting, day care, nursery and prescriptions.	nent, such as retirement onary amounts, such as remonthly premiums that you ums on your dependents, for the total monthly amount that by, such as spousal or child ons included in Line 44. If or a physically or not that you actually expend for a physically or iding similar services is available.	\$	N.2	
Othe educe of that is amou	ributions, union dues, and uniform costs. Do not include discretice intary 401(k) contributions. er Necessary Expenses: life insurance. Enter total average ally pay for term life insurance for yourself. Do not include premiable life or for any other form of insurance. er Necessary Expenses: court-ordered payments. Enter are required to pay pursuant to court order or administrative agency for payments. Do not include payments on past due obligation of er Necessary Expenses: education for employment or intally challenged child. Enter the total average monthly amount ation that is a condition of employment and for education that is retailly challenged dependent child for whom no public education prover Necessary Expenses: childcare. Enter the total average of the Necessary Expenses: childcare.	the total monthly amount that cy, such as spousal or child ons included in Line 44. for a physically or not that you actually expend for a physically or iding similar services is available. monthly amount that you actually hool. Do not include other ge monthly amount that you e of yourself or your dependents, and that is in excess of the	\$	N.A N.A	
othe actua that is amou according the electrons of the el	ributions, union dues, and uniform costs. Do not include discretic intary 401(k) contributions. er Necessary Expenses: life insurance. Enter total average ally pay for term life insurance for yourself. Do not include premiable life or for any other form of insurance. er Necessary Expenses: court-ordered payments. Enter required to pay pursuant to court order or administrative agency payments. Do not include payments on past due obligation of payments. Do not include payments on past due obligation of the life challenged child. Enter the total average monthly amount ation that is a condition of employment and for education that is retailly challenged dependent child for whom no public education prover Necessary Expenses: childcare. Enter the total average and on childcare—such as baby-sitting, day care, nursery and prescriptional payments. er Necessary Expenses: health care. Enter the total average and on childcare—such as baby-sitting, day care, nursery and prescriptional payments. er Necessary Expenses: health care. Enter the total average and on childcare—such as baby-sitting, day care, nursery and prescriptional payments. er Necessary Expenses: health care. Enter the total average of the nealth care that is required for the health and welfares not reimbursed by insurance or paid by a health savings account, and entered in Lin 198. Do not include payments for health institute in the life in t	the total monthly amount that cy, such as spousal or child on sincluded in Line 44. If or a physically or not that you actually expend for a physically or iding similar services is available. In monthly amount that you actually expend for a physically or iding similar services is available. In monthly amount that you actually hool. Do not include other If or a physically or identify amount that you actually hool. The period of the include other If the total average monthly in your basic home telephone and istance, or internet service—to	\$ \$	N.2	

	monthly	Insurance, Disability Insurance and However, expenses in the categories set out in lines a-c bouse, or your dependents.				
	а.	Health Insurance	\$	N.A.		
	þ.	Disability Insurance	\$	N.A.		
34	c.	Health Savings Account	\$	N.A.	+	N.A
		l and enter on Line 34.				IN.F
		ou do not actually expend this total amount, e below: N.A.	state your actual average exper	naitures in the		
35	average support	ued contributions to the care of housel actual monthly expenses that you will continue of an elderly, chronically ill, or disabled member who is unable to pay for such expenses.	to pay for the reasonable and ne	cessary care and	\$	N.A
36	expense Preventi	ttion against family violence. Enter the tot es that you actually incurred to maintain the safe ion and Services Act or other applicable federal la confidential by the court.	ty of your family under the Fami	ly Violence	\$	N.A
37	IRS Loca provide	energy costs Enter the total average monthly all Standards for Housing and Utilities that you ace your case trustee with documentation of yestrate that the additional amount claimed is	tually expend for home energy of our actual expenses, and you	osts. You must		N.A
38	expense element provide	tion expenses for dependent children less that you actually incur, not to exceed \$137.50 ary or secondary school by your dependent child by your case trustee with documentation of your amount claimed is reasonable and necessards.	per child, for attendance at a pr ren less than 18 years of age. Yo our actual expenses and you	ivate or public ou must must explain	5	N.A
39	food and in the IF available	onal food and clothing expense. Enter the diction clothing expenses exceed the combined allowards National Standards, not to exceed 5% of those at www.usdoj.gov/ust/ or from the clerk of the additional amount claimed is reasonable a	nces for food and clothing (appare combined allowances. (This inf bankruptcy court.) You must d	rel and services) ormation is	\$	N.A
40		ued charitable contributions. Enter the an of cash or financial instruments to a charitable (2)			5	N.A
41		Additional Expense Deductions under §				

Av Mo	uture payments on secured roperty that you own, list the name verage Monthly Payment, and che onthly Payment is the total of all conths following the filing of the baseparate page. Enter the total Average in the second of the page of the second of the se	debt, and state the rance. The Average ditor in the 60				
	Name of Creditor	Property Securing the Debt	Average Monthly Paymen	include taxes		
a.			\$	☐ yes ☐ no		
b.			\$	☐ yes ☐no		
C.			\$	☐ yes ☐no		
			Total: Add L a, b and c	ne	\$	1
repos	erty. The cure amount would inci ssession or foreclosure. List and t tional entries on a separate page. Name of Creditor	otal any such amounts in the fol	lowing chart. If			
a.				\$		
b.			\$			
c.			\$	i	1	
		· · · · · · · · · · · · · · · · · · ·	1 4		_	`
D-1		ib. daine Cabartha tabulana		4.60 of all priority	\$	N
claim	rments on prepetition prior ns, such as priority tax, child sup bankruptcy filing. Do not inclu	port and alimony claims, for whic	ount, divided b	ole at the time of	\$	
claim your Cha the fo	ns, such as priority tax, child sup	port and alimony claims, for which de current obligations, such a penses. If you are eligible to file	ount, divided both you were lia is those set o	ole at the time of ut in Line 28. Chapter 13, complete	\$	
claim your Cha the fo	ns, such as priority tax, child supplement to be not included to be no	port and alimony claims, for whice de current obligations, such a penses. If you are eligible to file unt in line a by the amount in line	ount, divided both you were lia is those set o	ole at the time of ut in Line 28. Chapter 13, complete	\$	
claim your Cha the for admi	ns, such as priority tax, child supplementary filing. Do not inclusive to the policy of the projected average monthly Current multiplier for your of schedules issued by the Exercise.	port and alimony claims, for which de current obligations, such a penses. If you are eligible to file unt in line a by the amount in line. Chapter 13 plan payment. district as determined under ecutive Office for United States is available at <a href="https://www.usdoj.gov/usg</td><td>ount, divided by th you were lia the sthose set of a case under to b, and enter to</td><td>ole at the time of ut in Line 28. Chapter 13, complete the resulting</td><td>\$</td><td></td></tr><tr><td>claim
your
Cha
the fo
admi</td><td>ns, such as priority tax, child supplemental patential p</td><td>port and alimony claims, for which de current obligations, such a penses. If you are eligible to file unt in line a by the amount in line. Chapter 13 plan payment. district as determined under ecutive Office for United States is available at <a href=" https:="" td="" usg<="" usgov="" www.usdoj.gov=""><td>ount, divided be the you were lia as those set of a case under to be and enter to \$</td><td>ole at the time of ut in Line 28. Chapter 13, complete the resulting N.A.</td><td>\$</td><td>Α</td>	ount, divided be the you were lia as those set of a case under to be and enter to \$	ole at the time of ut in Line 28. Chapter 13, complete the resulting N.A.	\$	Α
claim your Cha the for admi a. b.	ns, such as priority tax, child supplemental patential p	port and alimony claims, for whice de current obligations, such a penses. If you are eligible to file unt in line a by the amount in line. Chapter 13 plan payment. Chapter 13 plan payment. district as determined under ecutive Office for United States is available at www.usdoj.gov/usukruptcy court.) ative expense of Chapter 13 case	sunt, divided be to you were lia is those set on a case under to b, and enter to \$	ole at the time of ut in Line 28. Chapter 13, complete the resulting N.A.	\$	A A
claim your Cha the for admi a. b.	ns, such as priority tax, child supplemental phankruptcy filing. Do not inclust phankruptcy expense. Projected average monthly Current multiplier for your of schedules issued by the Executed phankruptcy from the clerk of the bankruptcy from the clerk of the bankruptcy all Deductions for Debt Pay	port and alimony claims, for whice de current obligations, such a penses. If you are eligible to file unt in line a by the amount in line. Chapter 13 plan payment. Chapter 13 plan payment. district as determined under ecutive Office for United States is available at www.usdoj.gov/usukruptcy court.) ative expense of Chapter 13 case	sunt, divided be hyou were lia is those set on a case under to b, and enter to \$ Total: M Total: M	ole at the time of ut in Line 28. Chapter 13, complete the resulting N.A. N.A. ultiply Lines a and b	\$	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION	4					
48 Enter the amount from Line 18 (Current monthly income for § 707(b)(2))							
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$	N.A.				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$	N.A.				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						
	Initial presumption determination. Check the applicable box and proceed as directed.						
	The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not a page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of	ırise" at tl f Part VI.	he top of				
52	The amount set forth on Line E1 is more than \$10.050. Check the "Brequention arises" hav at the ton						
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the VI (Lines 53 through 55).	remainde	er of Part				
53							
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter		N.A.				
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII: ADDITIONAL EXPENSE CLAIMS		:				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
56	Expense Description Monthly	Amount					
50	a. \$	N.A					
	b. \$	N.A	-				
	C. \$	N.A					
	Total: Add Lines a, b and c						
Part VIII: VERIFICATION							
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If both debtors must sign.) Date: Signature: (Debtor) (Debtor) (Debtor, if any)	his a join	t case,				
	(June Devel, it air)						